PART B - FEE(S) TRANSMITTAL

or <u>Fax</u>

 $\nu^{\scriptscriptstyle 0}$

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FFE and PUBL appropriate. All further correspondence including the Patent, advance order and rediffaction indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE maintenance fee notifications.

PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where the property of maintenance fees will be mailed to the current correspondence address as a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of addre

23370

11/16/2004

JOHN S. PRATT, ESQ KILPATRICK STOCKTON, LLP 1100 PEACHTREE STREET

ATLANTA, GA 30309 02/11/2005 MBERHE1 000001119 110855 10629117

1400.00 OP 300.00 OP

30.00 DA

FEB 1 0 2005

Pluc: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Elena S. Polovnikova, Ph.D. (Depositor's name) (Signature) February (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/629,117	07/28/2003	Katsuo Kumagai	44471/ 288235	5933

-TITLE OF INVENTION: THERAPEUTIC AGENT FOR MASTITIS OF LIVESTOCK AND METHOD FOR TREATING MASTITIS USING THE SAME AGENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1370	\$300	\$1670	02/16/2005	
EXAMINER		ART UNIT	CLASS-SUBCLASS			
KRISHNAN, GANAPATHY		1623	514-033000	_		
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	tion (or "Fee Address" Indicator more recent) attached. Us D RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON THE PATE: clow, no assignee data will apof this form is NOT a substitut (B) RESIDEN	rinting on the patent front page, I names of up to 3 registered pates OR, alternatively, name of a single firm (having as d attorney or agent) and the named patent attorneys or agents. If name will be printed. NT (print or type) Depar on the patent. If an assigned for filing an assignment. NCE: (CITY and STATE OR COYO, Japan	a member a nes of up to f no name is 3	trick Stockton L	
Please check the appropriate 4a. The following fee(s) are	e assignee category or catego	ries (will not be printed on the	patent): Individual X C	· • · · · · · · · · · · · · · · · · · ·	oup entity Government	
☑ Issue Fec ☑ Publication Fee (No small entity discount permitted)		*-	A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # o	•		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0855 (enclose an extra copy of this form).			
_ ~ .	(from status indicated above MALL ENTITY status. See)	icant is no longer claiming SMA			
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Issue tublication Fee (if required) words of the United States Pate	te Fee and Publication Fee (if a will not be accepted from anyout and Trademark Office.	any) or to re-apply any previous ne other than the applicant; a reg	ly paid issue fee to the applications attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature F	lua S. Polo	rnikova, Ph.D	Date 5	Tebruary 7,20	os	
				No. 52.130		
This collection of information	on is required by 37 CFR 1.3	11. The information is require	d to obtain or retain a benefit by ollection is estimated to take 12	the public which is to file (an	d by the USPTO to process)	

an apprecion. Confidencially is governed by 35 U.S.C. 122 and 37 CFK 1.14. Inis collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.